



1623 U.S.PTO

Atty. Dkt. No. 061300-0361

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Pillar et al.

Title: **USER INTERFACE AND
METHOD FOR VEHICLE
CONTROL SYSTEM**

Appl. No.:

Filing Date:

Examiner:

Art Unit:

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EL 979074130 US (Express Mail Label Number)	10/10/03 (Date of Deposit)
Carolyn Simpson (Printed Name)	
<i>Carolyn Simpson</i> (Signature)	

16235 U.S.PTO
10/683878
101003

**UTILITY PATENT APPLICATION
TRANSMITTAL**

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

DUANE R. PILLAR
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Enclosed are:

- Specification, Claim(s), and Abstract (44 pages).
- Informal drawings (6 sheets, Figures 1, 2, 3, 4, 5, 6, 7).
- Application Data Sheet (37 CFR 1.76).
- Claim for Convention Priority.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00	\$770.00
Total Claims:	31	- 20	= 11	x \$18.00	= \$198.00
Independents:	4	- 3	= 1	x \$86.00	= \$86.00
If any Multiple Dependent Claim(s) present:				+ \$290.00	= \$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration and late payment of filing fee				+ \$130.00	= \$130.00
				SUBTOTAL:	= \$1184.00
[] Small Entity Fees Apply (subtract ½ of above):					= \$0.00
				TOTAL FILING FEE:	= \$1,184.00

The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date October 10, 2003 By Scott C. Nielson

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